

CREMATION LOG

No. _____

Name of Deceased _____

Date body received _____, _____

From: _____

City _____ State _____

Body Embalmed [] Yes [] No

Person(s) authorizing cremation:

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Date of Cremation _____, _____

Cremation container type _____

Urn type used for cremains _____

Disposition of cremains _____

Owner/operator signature _____

Cremation director signature _____

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